

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

American Academy of Physician Assistants Political Action Committee

ADDRESS (number and street)

950 North Washington Street

☐(Check if address
is changed)

Alexandria

VA

22314

1552

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address
is changed)

bob@aapa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
03 / 13 / 1980

3. FEC IDENTIFICATION NUMBER

C C00122499

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Beverly A. Kimball, PA-C

Signature of Treasurer

Electronically Filed by Beverly A. Kimball, PA-C

Date

M M / D D / Y Y Y Y
04 / 28 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)